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SMART & BIGGAR*Intellectual Property & Technology Law***To Fax no.:** (571) 273-83001000 De La Gauchetière Street West
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Montreal, Quebec Canada H3B 4W5

Attention: Mail Stop: -Amendment-
Wanda Z. RUSSELL, Examiner
USPTO

Tel. (514) 954-1500

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From: Sanro Zlobec**Your file no.:** Application No.: 10/644,932**Date:** October 5, 2007

Filing Date: August 21, 2003

Reply to Montreal file no.: 86503-76**Time:**

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Docket No.

86503-76

Applicant(s): Dominique GAUTHIER et al.

Application No.

10/644,932

Filing Date

August 21, 2003

Examiner

Wanda Z. RUSSELL

Group Art Unit

2616

Invention: METHOD AND SYSTEM OF HANDOFF

I hereby certify that this RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

(Identify type of correspondence)

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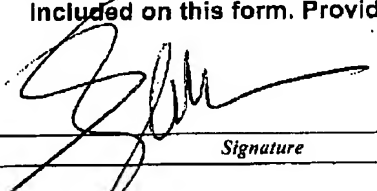
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 86503-76	
Applicant(s): Dominique GAUTHIER et al.						
Application No. 10/644,932	Filing Date August 21, 2003	Examiner Wanda Z. RUSSELL	Customer No. 28291	Group Art Unit 2616	Confirmation No. 7374	
Invention: METHOD AND SYSTEM OF HANDOFF						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	35 -	37 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	6 -	8 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2550 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: October 5, 2007			
Sanro Zlobes, Reg. No. 52,535 SMART & BIGGAR 1000 De La Gauchetière Street West Suite 3300 Montreal, Quebec H3B 4W5 CANADA			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
CC:			Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence			

P11LARGE/REV10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: U.S. Patent Application of Dominique GAUTHIER et al.
Application No.: 10/644,932
Filed: August 21, 2003
Examiner: Wanda Z. RUSSELL
Art Unit: 2616
For: METHOD AND SYSTEM OF HANDOFF

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RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

In response to the Notice to Non-Compliant Amendment mailed September 24, 2007, please find attached hereto a complete listing of the claims, including the corrected marking of claim 16, as it should have appeared on page 4 of the Response to Office Action of June 15, 2007, filed on September 17, 2007.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks appear on Page 10 of this paper.